

# Admissions Form

## Common application form

Please complete this form in **BLOCK CAPITALS** in black or blue ink

Section 1A - Child's details		
First name	Middle name	Surname
Date of Birth	/      /	Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's Home address (e.g Village, Location, Sub-county, District)		



Section 1B			
Nursery (Class Being Applied for)	Primary (Class Being Applied for)	Type	Admission Term & Year
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> P1 <input type="checkbox"/> P5 <input type="checkbox"/> P2 <input type="checkbox"/> P6 <input type="checkbox"/> P3 <input type="checkbox"/> P7 <input type="checkbox"/> P4	<input type="checkbox"/> Day Scholar <input type="checkbox"/> Boarding	Term One <input type="checkbox"/> Term Two <input type="checkbox"/> Term Three <input type="checkbox"/> <hr/> Year <input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>

Section 2A - Parent/Guardian details			
First name		Surname	
Title	Mr / Mrs / Miss / Ms / Other (please specify)		
Relationship to child			
Do you have parental responsibility for this child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	



**This form must only be completed by somebody who has parental responsibility for the child. Before completing this form, the application should be discussed with all those who have parental responsibility for the child.**

Section 2B - Parent/Guardian details			
First name		Surname	
Title	Mr / Mrs / Miss / Ms / Other (please specify)		
Relationship to child			
Do you have parental responsibility for this child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	



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### Section 3A - Any other person allowed to collect the child from school

First name		Surname	
Title	Mr / Mrs / Miss / Ms / Other (please specify)		
Relationship to child			

### Section 3B - Any other person allowed to collect the child from school

First name		Surname	
Title	Mr / Mrs / Miss / Ms / Other (please specify)		
Relationship to child			

### Section 4 - Child Health

Blood Group

**Any other health Challenges:** .....

.....

.....

**Allergies:** .....

.....

.....

**Family Doctor Contacts**

Name: .....

Telephone: .....

Clinic Location: .....

**Insurance Provider:** .....

**Insurance card Number:** .....

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### Section 5 - Siblings

If the child has a brother or sister, currently attending Pals Legacy School, please provide details below. If you have multiple siblings attending the school, please provide the details of the youngest siblings currently attending the school.

Sibling's full name	
Sibling's date of birth	
School attended	

### Section 6 - Religion or Faith

Please specify Religion of Faith .....

### Section 7 - Declaration

**Declaration**

I have read the information relevant to admissions published by the school. I have checked if any additional evidence relating to the application is required and have provided this information where available.

I declare that the information provided on this application is correct and complete and has been discussed with all those with parental responsibility for the child.

I understand that any school place offered on the basis of fraudulent or intentionally misleading information may be withdrawn.

Signed:		Date:	
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### Data Protection Act

The school maintains a register entry in respect of education which includes the administration relating to pupils. Personal information provided on this form is treated in confidence and complies with the requirements of the data protection act. This information may be shared with school employees or medical service providers only for the purposes of providing the necessary services to the child.

### Submitting your application

Once completed in full, this application should be returned to the following address;

**School Admissions Team**

P.O. Box 033 Wakiso - Kampala Uganda  
 Tel: +256 775 333 372  
 email: info@palslegacy.co.ug  
 http://palslegacy.co.ug